

Ms Pauline Rodman

Hazelwood Gardens

Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hazelwood Gardens Nursing Home provides personal and nursing care for up to 36 people. At the time of the inspection, 29 people were living at the home.

People's experience of using this service and what we found

There had been improvements following the inspection of 20 March 2019. We observed medicines as they were being administered to people at lunchtime. The medicines trolley was not found to be left unattended and was kept locked. A medicines fridge with cool storage was now in place. People's medicine administration records (MARs) were fully signed with no gaps found. They had all been signed to confirm people had received their medicines as prescribed. Written MAR charts were countersigned by a second staff member. If people had their medicines crushed then this was clearly recorded by the clinical lead, family members and professionals. Governance systems at the home had been strengthened. The audits carried out helped to address any shortfalls within the home.

We identified some shortfalls in relation to infection control. On the arrival to the home we found that staff were not wearing face masks. We brought this to the attention of the registered manager who took immediate action and implemented mask wearing straight away. The registered manager told us they thought face masks were no longer needed. Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. Staff were trained in safeguarding and understood their responsibility to protect people from harm. Staff were recruited safely and there were enough staff to provide safe and effective care. Safety checks of the premises and equipment had been undertaken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff were enthusiastic and happy in their work. The staff told us they felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential.

Rating at last inspection

The last rating for this home was rated requires improvement (published 27 April 2019). At a previous inspection carried out 20 March 2019, we rated the home requires improvement in the key question 'Safe and Well-Led'.

At our last inspection we found the provider had failed to ensure that medicines were safely stored and were accurately recorded. Whilst systems were in place to monitor and evaluate the quality of the service provided, actions were not always promptly taken when there were shortfalls. This placed people at risk of avoidable harm. At this inspection we found improvements had been made

Why we inspected

We carried out an inspection of this service on 20 March 2019. We rated the service requires improvement in Safe and Well-Led due to the shortfalls we identified. During this inspection we followed up on the improvements from the inspection.

The provider completed an action plan after this inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazelwood Gardens Nursing Home on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hazelwood Gardens Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hazelwood Gardens Nursing Home is a care home with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the findings from the last inspection of 20 March 2019 to help plan the inspection and inform our judgements.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with six people who lived at the home and one relative.

We spoke with four staff members, the clinical lead, maintenance person and the registered manager who was also the provider.

We reviewed a range of records. This included people's care records, medication records, three staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were safely stored and were accurately recorded. This placed people at risk of avoidable harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach.

- Since the last inspection we found the national guidelines about storing and recording medicines was being followed. We observed medicines as they were being administered to people at lunchtime. The medicines trolley was not left unattended and was kept locked when the nurse went into people's rooms.
- A new locked medicines fridge with cool storage had been purchased was now in place. The nurse in charge had the responsibility of holding the key to the fridge. The staff fridge was no longer being used to store people's medicines.
- The temperature of the fridge and medicines room was taken daily. This was within the recommended safe range for the storage of such medicines.
- We looked at medicine administration records (MARs) for six people. The charts had all been signed to confirm people had received their medicines as prescribed.
- Any entries on the MARs charts that were handwritten by staff were signed for by the nurse. They were also countersigned by a second staff member to check they were correct.
- At the time of the inspection nobody was having their medicines crushed. Although one person at times may have needed this due to their behaviour. An agreement had been signed by the GP, the clinical lead, family and the pharmacist to indicate their agreement. This also recorded the reasons when to crush the person's medicines.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. On arrival to the home we found that staff were not wearing masks. The registered manager told us that they understood the guidance had changed and that staff no longer needed to wear masks. They immediately asked staff to start wearing masks when we brought this to their attention. We have signposted the registered manager to the latest guidance to follow from the Department of Health and Social Care.

- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. We found that staff were not wearing masks when we arrived at the inspection. This increased the risk of outbreaks. Mask wearing was implemented straight away after sharing our concerns with the registered manager.

- We were somewhat assured that the provider's infection prevention and control policy was up to date. This was because we found on arrival to the home that the latest guidance from the Department of Health was not being followed. This was in relation to staff not wearing masks and not following best practice guidance.

We recommend the provider considers the current guidance from the Department of Health and Social Care (the infection prevention and control resource for adult social care). They should follow best practice guidance and keep updated with any changes.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home. The provider was following currently published visiting guidance by the Department of Health and Social Care. We observed relatives at the home who were visiting family members. They wore a face mask in line with guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding adults from abuse. The staff we spoke with had a good understanding of the signs to look for when people might be being abused and how to report any concerns.

- Staff felt that people were safe and received good care. Their comments included, "I think people are safe and well looked after." And "If I was concerned, I would certainly speak up. The residents are very well cared for though."

- People confirmed they felt safe. One person told us, "I am warm, I have hot meals and the staff regularly check on me. That is all I need." And "Yes, I do feel safe. I will ask for help before standing up on my own."

- The registered manager investigated safeguarding concerns and ensured plans were in place to keep people safe. Safeguarding alerts were raised externally when required to the local authority and the CQC were notified.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Five people had an authorised DoLS in place. A further two applications for people had been submitted to the local authority and they were waiting to be assessed.

Assessing risk, safety monitoring and management

- People's risk assessments were reviewed regularly to ensure they provided current guidance for staff.
- Each person's care record had a number of risk assessments completed, which were specific to their needs. For example, some people were at risk of falls or had bed rails in place. Their care records contained specific details for staff to follow on how to manage these risks.
- Regular checks to ensure fire safety had been undertaken of the building. The local fire brigade had recently visited the home and identified improvements were needed around fire drills and their frequency. The provider was looking forward to the fire brigades return to show the improvements made.

Staffing and recruitment

- People were supported by enough staff. Staff spoke positively about staffing levels in the home. Their comments included, "I think the staffing levels are good here. We pull together as a team to help cover the rota." Another told us, "Yes, I feel we are well staffed. The manager and nurse are also hands on. We cover sickness and leave as a team approach."

- People told us they felt staffing levels were safe. Comments included, "Yes I feel this is ok. I do not wait long for help." Another person told us, "I have no complaints about staffing. This seems to be fine."

- The deployment of staff helped to meet people's needs and kept them safe. Staffing levels were assessed regularly, to ensure people's safety. We were told existing staff covered annual leave and sickness. The registered manager and clinical lead also helped to cover any shortfalls and had a hands-on approach to care.

- The provider had recruited some staff on sponsorship from another country. They had obtained the appropriate sponsorship licence.

- Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's individual needs.

- The clinical lead carried out monthly audits of incidents and accidents. An analysis was carried out to check for any trends or patterns. Safety measures had been put in place, such as, the use of bedrails, these had been introduced for some people who were at risk of falling from bed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found whilst systems were in place to monitor and evaluate the quality of the service provided, actions were not always promptly taken when there were shortfalls. At this inspection we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection we found improvements remained consistent, had been embedded and sustained. Improvements had been made to the governance systems that the home had in place.
- The provider was also the registered manager of the home. They were supported by a clinical lead, administrator, maintenance person, nurses and care staff.
- Quality assurance checks took place to monitor the quality of the care provided to people, the building and of the management of the home.
- The registered manager and clinical lead monitored the quality of care delivered within the home on a regular basis. They had developed a rolling schedule of internal audits, which they shared between each other. This helped them to identify any shortfalls.
- The home used an electronic care records system. This helped them to monitor the performance of the home and to check that people were receiving the appropriate care. The system helped the staff to monitor people's daily wellbeing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive culture was promoted in the home. The registered manager and clinical lead spoke passionately about how they promoted a person-centred approach to care.
- Staff confirmed they felt supported in their roles and found the registered manager to be approachable. Staff were confident in the registered managers ability to act if concerns were raised.
- The staff told us how the registered manager was not only caring towards people but also to the staff. They had helped the staff through some personal challenges.
- People were seen to be happy with the care provided. One person told us "They treat me well and are kind to me. The staff are all genuine and do a great job."
- We heard examples about the person-centred culture of the home. For example, the home had cared for some people who were related. The staff supported them to spend time together and continued to involve them with each other's care as they had both requested.
- Another person's first language was not English. A staff member was able to communicate in the same

language as the person. We heard about them singing together in their language. The person was able to speak and understand English when the staff member was not on duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed the registered manager and clinical lead had a strong presence at the home. They helped to assist people when required.
- There were regular staff meetings that took place with the nursing staff, senior carers and the night staff. Handover meetings took place at the start of each shift. A handover sheet was also in place daily. This kept the staff team up to date with any changes to the running of the home and guidance.
- Although no formal meetings were held with people living at the home, the registered manager and clinical lead spoke daily with people whilst on duty. This was confirmed during the conversations we had with people. One person told us, "They both walk around the building and pop in to see me daily."
- We spoke to the registered manager about recording some of the informal conversations they had with people to use as future evidence.
- People confirmed they were able to provide feedback and make suggestions. The registered manager was due to send out quality assurance surveys to staff, people and relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care. Working in partnership with others

- The home had a registered manager. They were proactive in submitting the required statutory notifications for significant events to the Care Quality Commission.
- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.
- Hazelwood Gardens Nursing Home worked in partnership with a range of professionals. This included for example, dementia wellbeing team, tissue viability nurses and social workers.
- The local GP surgery had allocated a GP to undertake a weekly ward round. This included either online meetings to review people or visits in person.
- The registered manager attended forum meetings with the local authority.